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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL,
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AD 861494

AGDA (M) (22 Oct 69) FOR OT UT 693041

31 October 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 3d Field Hospital, Period Ending 31 July 1969

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KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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UNCLASSIFIED REPORT

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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN FOR OT UT. WASHINGTON, D.C. 20310

DEPARTMENT OF THE ARMY
HEADQUARTERS 3D FIELD HOSPITAL
APO 96307

AVBJ GD-FA

1 August 1969

SUBJECT: Operational Report of 3d Field Hospital for Period Ending 31 July 1969, RCS OF CR-45(R1)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ-PO
APC 96334

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

1. Section 1 Operations: Significant Activities.

a. During the period 1 May 1969 to 31 July 1969 the 3d Field Hospital fulfilled its mission of:

- (1) Providing hospitalization to US Military Forces, other Free World Military Forces and Civilian War Casualties.
- (2) Providing hospitalization of patients transferred from other medical treatment facilities located in the I, II, III, and IV Corps Tactical Zones.
- (3) Providing specialized treatment in designated specialties which include General Surgery, Orthopedics, Thoracic Surgery, Plastic Surgery, Otorhinolaryngology, Ophthalmology, Oral Surgery, Anesthesiology, Physical Therapy, Cardiology, Gynecology, Urology, General Medicine, Communicable Diseases, Renal Disease, Metabolic Diseases, Tropical Diseases, Gastroenterology and Psychiatry.
- (4) Back-up support to the Air Force Aeromedical Evacuation System.
- (5) Support to directed research projects.

b. Personnel, Administration, Morale and Discipline.

(1) Key Personnel Changes:

(a) The following key personnel were transferred from this command during the report period:

FOR OT UT

693041

Inclosure

COL Chandler	Hospital Commander
COL Steiner	Oral Surgeon
LTC Cohen	CO, 218th General Dispensary
LTC Day	Chief, Department of Surgery
MAJ Edwards	Plastic Surgeon
MAJ Knepshield	CO, 629th Medical Detachment
MAJ Kreiter	Chief, Orthopedic Service
CPT Sullivan	Catholic Chaplain
CPT Canine	Property Book Officer
CPT Kobland	Laboratory Officer
CSM Haycraft	Hospital CSM

(b) The following key personnel were assigned to this command during the period:

LTC Clark	Chief, Anesthesia Department
LTC Deegan	Oral Surgeon
LTC Liberty	Assistant Chief Nurse
LTC Goodman	CC, 218th General Dispensary
MAJ Cranston	Chief, Orthopedic Service
MAJ McKee	Chief, Department of Surgery
MAJ Kessler	CO, 629th Medical Detachment
MAJ Gray	OR Supervisor
MAJ Linkenhoker	Laboratory Officer
MAJ Jasaley	Plastic Surgeon
CPT McCaslin	Catholic Chaplain
CPT O'Connor	CO, 673d Medical Detachment
CSM Couch	Hospital CSM
1SG Portrey	1SG, Medical Detachment
SSG Flanary	Detachment Sergeant, 673d Medical Detachment

(2) Administration:

(a) The following units remain attached to the 3d Field Hospital for Administrative and Logistical Support during the report period:

62d Medical Detachment (KA)
 155th Medical Detachment (KF)
 629th Medical Detachment (KP)
 218th General Dispensary (MC)
 229th Medical Detachment (MC)
 673d Medical Detachment (CA)

(b) The 84th Medical Detachment (CA) was attached for medical supply and maintenance only.

(c) The 561st Ambulance Company was provided with medical supply and mess support. The 1st Platoon received rations and billets.

(3) Morale and Discipline: The following awards and decorations were approved and presented or forwarded to assigned or attached personnel during the period:

(a) Legion of Merit	1
(b) Bronze Star	24
(c) Army Commendation Medal	21
(d) Purple Heart (Staff)	1
(e) Purple Heart (Patient)	690

(1) On 19 May 1969 3d Field Hospital received the Meritorious Unit Commendation (Second Award), authorized by USARV General Order # 587, for the unit's performance during the period from 1 July 1967 through 30 June 1968. The Commendation was simultaneously awarded to the 51st Field Hospital, 62d Medical Detachment (KA), 155th Medical Detachment (KF) (Third Award), and the 629th Medical Detachment (KP).

c. Plans, Operations and Training.

(1) A Special Services Library was opened at 3d Field Hospital on 1 July 1969. This library is located on the second floor of Building S-1, and presently contains 2,000 library books with numerous reference books and atlases, and will continue to grow to 5,000 volumes. The facility is air conditioned and carpeted.

(2) Construction of the new supply warehouse is about 65% completed. Expected completion date is 30 August.

(3) Construction began on the second story of the Operating Room/Emergency Room building. When completed the recovery ward will be relocated there, enabling patients to be transported directly from surgery to the recovery ward without removing them from an air conditioned environment.

(4) Plans for the new Red Cross Lounge, mentioned in the last quarterly report, have been altered to allow for more floor space in this essential facility.

(5) Interesting statistics for the quarter are:

	May	Jun	Jul	Total
Admissions	1,165	1,035	999	3,199
Disease	655	606	610	1,879
Injuries	155	134	139	428
DIA	355	295	249	899
Average Beds Occupied	186	177	169	177
Patients Returned to Duty	661	581	597	1,839
Average Length of Stay (Patient to Duty)	6	5	6	6
Average Length of Stay (Patient Evacuated)	3	5	6	4
Cut Patient Visits	10,249	10,320	10,385	30,954
X-Ray Exposures	9,103	7,493	7,539	24,135

	May	Jun	Jul	Total
Laboratory Procedures	54,650	44,006	53,831	152,537
Surgical Procedures	970	902	925	2,797
Major	495	516	345	1,356
Minor	475	386	580	1,441
Pharmacy Prescriptions	34,380	30,386	35,798	100,564
Rations Served	43,627	42,781	41,827	128,235
Deaths	19	15	11	45
Disease	6	5	6	17
Injury	3	1	0	4
IA	10	9	5	24

(6) Department of Medicine Activities.

(a) The Department of Medicine is composed of cardiology, hematology, and gastrology and the general medical services. The in-patient services occupy 145 beds. During this quarter, 1 May 1969 to 31 July 1969, there were 1,793 admissions. Two deaths occurred; one was the result of a myocardial infarct and one was a child with Japanese B viral encephalitis.

(b) The following infectious diseases were seen:

	<u>Vivax Malaria</u>	<u>Falciparum Malaria</u>	<u>Shigellosis</u>	<u>Salmonellosis</u>
May	4	3	12	0
June	3	4	9	0
July	11	4	2	1 (Typhoid)

	<u>Amoebic Dysentery</u>	<u>Amoebic Liver Abscess</u>	<u>Viral Hepatitis</u>
May	2	1	18
June	1	0	8
July	5	2	6

	<u>Encephalitis</u>	<u>Dengue</u>	<u>Leptospirosis</u>	<u>Scrub Typhus</u>	<u>Murine Typhus</u>
May	0	1	0	1	0
June	0	0	0	2	0
July	1	0	1	0	1

(c) In general there was a decreased incidence of most reportable diseases during this quarter compared to the previous quarters, most notably of infectious hepatitis, falciparum malaria and vivax malaria. The single case of typhoid fever perforated an intestinal ulceration. The patient survived following surgical intervention.

(d) (1) The cardiology service continued to see a large number of referrals. An average of 66 patients were evaluated and treated each month.

Annex A summarizes the type of cardiac disease seen during this quarter.

(2) The coronary care unit was completed and put into full use in early July. It consists of six beds with monitors as well as a composite central display unit at the nurses station. It is actively used. A wide variety of patients have been monitored and include myocardial infarctions, ischemic heart disease without infarction, supraventricular and ventricular rhythms, and congestive heart disease.

(e) The medical staff continues to contribute to MEDCAP activities by conducting rounds and presenting lectures at Cho Ray City Hospital and Cong Hoa Military Hospital.

(7) Nursing Service Activities. The following operational improvements were implemented by Nursing Service during the quarter.

(a) A local national nursing assistant, VGS 7/6 has been assigned by PA&E to the Out-Patient Clinic to translate and to assist in the care of PA&E employees. This individual also maintains medical records on PA&E employees and assists the staff of the 3d Field Hospital Out-patient Department in translating.

(b) A new nursing station has been constructed on the renal ward as a result of the recent renovation of that ward. This new station affords visualization of all areas of the unit; the hemodialysis section, the intensive care section and the other patient areas.

(c) Although the number of patients admitted with white phosphorus burns is limited it was felt that more expeditious care could be given these patients by having a "white phosphorus burn box" available in the triage area. This box contains sodium bicarbonate, hydrogen peroxide, large abdominal pads, fine mesh gauze, kerlex roller bandages and other necessities.

(d) Standardized medicine card holders have been fabricated for all nursing care units.

(e) One week classes in first aid, triage and emergency care were given to selected members of the 561st Ambulance Company. These consisted of 10-12 hours didactic instruction and 60 hours of CJT weekly in the emergency room.

(f) Selected nursing service personnel attended off-post middle management classes.

(g) Triple tiered gurneys are now being utilized to move litter patients from the wards to the ambulance loading area. Since 3 patients can be moved at one time these are particularly useful when large numbers of patients are regulated for air evacuation to out of country destinations.

(8) Department of Surgery Activities.

(a) The Department of Surgery has maintained a constant workload in the past three months. May brought 301 major and 33 minor cases; 283 major cases were done in June, along with 47 minor cases. July has continued with 297 major and 47 minor cases done.

(b) In the past 2 months, three cases of perforated ileum secondary to typhoid have been operated on. In each case, decision was made not to attempt primary anastomosis, so in two cases ileostomy and mucus fistula were performed, and the third received ileostomy and tube cecostomy. The plan is to perform anastomosis in 4-5 months.

(c) The Department of Surgery has begun a lecture series to Vietnamese medical students. These lectures are designed to prepare the students for the ECFMG tests which foreign medical graduates must pass before practicing in the United States. The lectures cover general surgery and the surgical subspecialties.

(d) Weekly surgical grand rounds have been instituted. These rounds take place on the recovery and intensive care wards on Saturday mornings. All cases in those areas are discussed; interesting cases on other wards are also seen and discussed. Invitations have been issued to all hospital physicians to attend and participate.

2. Section 2, Lessons Learned: Commander's Observations, Evaluations and Recommendations.

a. Personnel.

None

b. Operations.

(1) Use of "N-K" Exercise Table as a Hip Exerciser.

(a) Observation. Hip musculature is prone to disuse atrophy when there is injury of the lower extremity. This is especially evident in the gluteus medius muscle when a patient is required to ambulate with the aid of crutches or a cane. The conventional "N-K" knee exerciser is an effective measure of retaining functional strength of the gluteus medius musculature and obliterating the often encountered gluteus medius limp.

(b) Evaluation. The patient stands on the uninjured extremity with the injured extremity towards the resistance arm of the "N-K" unit. The resistance arm of the "N-K" unit is positioned so that it rests against the lateral aspect of the injured extremity at an appropriate level. The weight arm of the "N-K" unit is adjusted so that it delivers resistance to the motion of abduction. The patient then abducts the injured extremity against increasing amounts of weight. (Hip extension musculature may be strengthened in a like manner by changing the position of the patient by 90° so that the resistance arm delivers resistance to the motion of hip extension).

(c) Recommendation. The conventional "N-K" knee exercise table be used as a hip exerciser. This is particularly an effective means of strengthening

the hip musculature which grades less than 50; (Fair) and hence presents problems when anti-gravity strengthening positions are attempted. (The above practice is limited to patients with one essentially intact lower extremity in order to support the patient during the exercise period).

(2) Use of Movable Supply Carts in the Triage Area.

(a) Observation. More rapid and efficient treatment of casualties in the triage area could be accomplished if essential supplies were made more easily accessible to all parts of the triage area.

(b) Evaluation. Fixed shelves for storage of essential supplies such as tracheostomy, cutdown and closed thoracotomy sets, sterile gloves, gauze pads and antiseptic solution prove relatively inaccessible when several casualties are received at one time. When two large mobile dressing carts are stocked with the above items and pushed to the area where they are needed it results in a gain in both speed and efficiency of treatment. Experience has shown that the presence of these carts has not appreciably diminished the working space in the triage area.

(c) Recommendation. That two large mobile dressing carts are stocked with material necessary for immediate surgical procedures in the triage area and are restocked from the fixed storage shelves immediately after use.

(3) Insuring Proper Preparation of Air Evacuees.

(a) Observation. Air evacuation patients leave the hospital daily from each of the 8 nursing care units. Preparation of litters for these evacuees varies with the destination of the patient. Due to the constant turnover of personnel responsible for preparing these litters, it had been difficult to keep ward personnel informed as to current regulations governing preparation of patients for evacuation to different locations. Due to the time lapse between final preparation of evacuees and loading for transportation to CSF, patients that were initially prepared correctly end up with depleted or plugged I.V. bottles and other irregularities.

(b) Evaluation. With large numbers of patients leaving the wards and a lag existing between final ward preparation and embarkation it was found advantageous to pin point responsibility to a few people who would be on the spot and would have time for a final recheck of each patient prior to loading. To adequately insure compliance with CSF regulations and requirements a check list was devised. Because loading takes place in the triage area the emergency room head nurse was charged with final responsibility.

(c) Recommendation. Assign responsibility for final check of air evacuees to a selected responsible individual at the loading zone.

c. Training.

None

d. Intelligence.

None

e. Logistics.

None

f. Organization.

None

g. Other.

None

Fin. O. Gunderson

FINN O. GUNDERSON

LTC, MC

Commanding

4 Incl

1- Annex A, Cardiac Patients
Hospitalized During May, June
and July 1969.

2- Annex B, Quarterly Report, 629th
Medical Detachment (KP).

3- Annex C, Report of an Interesting
Case.

~~Annex D, Distinguished Visitors
to 3d Field Hospital.~~

Incl 4 wd HQ, DA

AVBJ GD-PO (1 Aug 69) 1st Ind

SUBJECT: Operational Report of 3d Field Hospital for Period Ending
31 July 1969, RCS CSFCR-65 (R1)

DA, HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

14 August 1969

TO: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

1. This report has been reviewed.

2. The following comments are submitted concerning Section 2:

a. Reference, paragraph 2b (1): this recommendation concerns technical professional matters and should be considered by appropriate consultants.

b. Reference, paragraphs 2b (2) and 2b (3): concur

FOR THE COMMANDER:

William P. Hendricks
WILLIAM P. HENDRICKS
CPT, MSC
Assistant Adjutant

AVBJ PO (1 Aug 69) 2d Ind

SUBJECT: Operational Report of the 3d Field Hospital for the Period
Ending 31 July 1969, RCS CSFOR-65 (R1)

Da, Headquarters, 44th Medical Brigade, APO 96384 8 Sep 69

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

This headquarters has reviewed the subject report and the following comments
are submitted:

a. Reference para 2b(1), basic report; recommend this item be reviewed
by the consultants to the USARV Surgeon since it deals with professional
matters.

b. Reference para 2b(2), basic report; concur. Moveable supply carts
are authorized in sufficient quantities to perform this mission.

c. Reference para 2b(3), basic report; recommend this item be reviewed
by the consultants to the USARV Surgeon since it deals with professional
matters.

FOR THE COMMANDER:

Douglas Lindsey
DOUGLAS LINDSEY
COL, MC
Deputy Commander

Cy furn:
CO, 68th Med Gp
CO, 3d Fld Hosp

AVHGC-DST (1 Aug 69) 2d Ind

SUBJECT: Operational Report of 3d Field Hospital for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 1 OCT 69

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 July 1969 from Headquarters, 3d Field Hospital.
2. Reference item concerning "Use of "N-K" Exercise Table as a Hip Exerciser", section II, page 6, paragraph 2b(1); concur. The 44th Medical Brigade will disseminate this information to each hospital physical therapist.

FOR THE COMMANDER:



RICHARD V. FULP

CPT, USA

Assistant Adjutant General

Cy furn:
3d Fld Hosp
44th Med Bde

GPOP-DT (1 Aug 69) 3d Ind

SUBJECT: Operational Report of 3d Field Hospital for Period
Ending 31 July 1969, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 9 OCT 69

TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D. C. 20310

This headquarters concurs in the subject report, as indorsed.

FOR THE COMMANDER IN CHIEF:



C. L. SHORTT
CPT, AGC
Asst AG

CARDIAC PATIENTS HOSPITALIZED DURING
MAY, JUNE, AND JULY 1969

Chest pain suggesting coronary disease	90
Angina pectoris	10
Myocardial infarctions	13
a. Ventricular arrhythmia	11
b. Congestive heart failure	4
c. Pericarditis	1
Congestive heart failure	7
Pulmonary edema	5
Supraventricular arrhythmia	30
ASHD	20
Rheumatic heart disease	6
Patent Ductus Arteriosus	1
<hr/>	
Total:	198

ANNEX A

Incl 1

/3

629th MEDICAL DETACHMENT

SECTION I: General Remarks

1. Between 1 May 1969 and 31 July 1969 thirty six patients were cared for in the renal unit. A total of 132* hemodialyses and 6 peritoneal dialyses were performed. 32 patients had acute renal failure (ARF). 18 (56%) had post-traumatic ARF, 10 (31%) had non-traumatic ARF, 2 (6%) had ARF following surgery. 4 patients had chronic renal disease. 1 patient was a healthy kidney donor. 1 patient sustained mild phosphorus burns and did not have ARF. 6 patients failed to survive 48 hours having arrived in a severely moribund state. Both post surgical patients with ARF succumbed. 8/10 (80%) of the patients with non-traumatic courses of ARF survived while 50% of those with ARF secondary to trauma survived.

The number of hemodialyses has sharply increased over the previous Quarter. This rise is attributed to the catabolic states of a number of the patients. In addition one patient was dialyzed 39 hours for a Kanamycin overdose.

2. The renal unit construction has been completed. The enlarged unit has 10 beds. As a result of the expansion, an increase in dialysis capability has been realized. Often because of the dictates of clinical conditions, two dialyses have been run simultaneously.

3. In June 1969 the first kidney transplant in the Republic of Vietnam was performed at the Saigon Hospital with the assistance of an advisory team from the 629th Medical Detachment (Renal) and the 3d Field Hospital. The patient was returned to the 629th Medical Detachment for post-operative care and followup. He was discharged in good condition on immunosuppressive therapy with excellent renal function. He returned one month post-transplant in an acute rejection crisis. The rejection responded quickly to large doses of corticosteroids. The patient has been discharged with normal blood chemistries but a reduction in glomerular filtration rate. He will continue to be followed by the renal unit. We are expectant that this joint achievement will be a beneficial stimulant to the Vietnamese medical community.

4. There has been an increase in the number of DOA and severely moribund patients arriving at this unit. There is a need to reemphasize early diagnosis and transfer of patients in acute renal failure.

5. The present twin-coil dialyzer unit requires blood for priming. Because of risk of serum hepatitis, transfusion reactions, and the large demand upon the blood bank, the renal unit has ordered a different coil with essentially equal dialysis capability but which does not require blood for priming and costs less than one-half the price of the previous unit.

Section I:(contd.)

6. The lecture and consultant program at local hospitals initiated last year continues.

7. Current clinical Research Projects.

- a. Acute Renal Insufficiency: Correlation of Structure and Function (This investigation has been coordinated with the 406th Medical Laboratory, Camp Zama, Japan, where electron microscopic examination of renal biopsies is performed.)
- b. A comparison of furosemide and mannitol in the prevention of acute renal insufficiency.
- c. Free Water clearance in high output renal failure.
- d. Observations on the respiratory distress syndrome associated with shock.
- e. Sudden death in phosphorus burn patients.
- g. Longterm followup of patients who have had ARF.

TABLE I

ANALYSIS OF CASES TREATED IN THE RENAL UNIT BETWEEN
1 MAY 1969 and 31 July 1969

Total cases	36
Total ARF of Non-Traumatic Etiology	10
Survivors	8 (80%)
Drug Ingestions	3
Survivors	3
Total ARF of Traumatic Etiology	18
Survivors	9 (50%)
Total ARF of Surgical Etiology	2
Survivors	0
Transplants	1
Survivor	1
Kidney Donor	1
Survivor	1
Chronic Renal Disease	4
Phosphorus Burns	1
Survivor	1
Hemodialyses	132*
Peritoneal Dialyses	6

*as of 21 July 1969.

SECTION II: Observations and Recommendations

1. Peritoneal dialysis is being performed at other units. Recently a patient was referred after a prolonged period of dialysis and was in terrible condition. It is recommended that if ARF is noted and peritoneal dialysis is instituted, the 629th Medical Detachment be called if satisfactory results are not achieved in 24 hours.
2. Peritonitis occurring during peritoneal dialysis responds quickly to addition of 10 mg of Polymyxin and 5 mg of Neomycin per 2 liter run. In cases of peritonitis of other causes, similar treatment has been effective.
3. Once the diagnosis of acute renal failure is suspected withhold saline unless the patient is volume depleted. Do not use Ringer's lactate solution. Fluids should be restricted to 125 ml + urine output q.6 hr given as D10W or water p.o.
4. Hypercatabolic patients cannot be managed by peritoneal dialysis. Recommend all such patients be transferred to the 629th Medical Detachment for hemodialysis.

REPORT OF AN INTERESTING CASE

A 19 year-old E-3 was admitted to the 629th Medical Detachment, Renal Unit, on 22 June 1969 with a 2 day history of "convulsions, incoherent speech, and vomiting". Oliguria had been noted 24 hours prior to admission to this institution. On admission to the Renal Unit he was disoriented, restless, but had intact motor and sensory modalities. There were no localizing signs nor pathologic reflexes. Laboratory data confirmed the presence of acute renal failure.

The patient remained anuric (urine output 400cc/day) until the 20th hospital day and was maintained with hemodialysis. By the 22nd hospital day the patient's output exceeded 2 liters daily and has remained in the 3-4 liter range since then. His neurologic status cleared rapidly and by the 10th hospital day he was able to remember cooking with C-4, plastic explosive, and feels he may have inhaled some of the fumes. On the 16th hospital day the patient was noted to have bilateral atrophy of the quadriceps muscle groups with an associated bilateral local anesthesia in the distribution of the femoral nerves. A neurologic consultant concurred but felt there was no specific therapy to be offered.

It is felt this patient represents a case of C-4 inhalation with secondary acute renal failure, toxic encephalopathy, and residual femoral nerve neuropathy. Recovery from the first two diagnosis is expected to be complete. It is not possible to predict the ultimate outcome of the peripheral neuropathy.

ANNEX C.

Incl 3

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Security Classification

DOCUMENT CONTROL DATA - R & D

(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified)

1. ORIGINATING ACTIVITY (Corporate author)		2a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED
HQ, OACSFOR, DA, Washington, D.C. 20310		2b. GROUP
3. REPORT TITLE Operational Report - Lessons Learned, HQ, 3d Field Hospital		
4. DESCRIPTIVE NOTES (Type of report and inclusive dates) Experiences of unit engaged in counterinsurgency operations, 1 May 69 to 31 July 69.		
5. AUTHOR(S) (First name, middle initial, last name) CO, 3d Field Hospital		
6. REPORT DATE 1 August 1969	7a. TOTAL NO. OF PAGES 20	7b. NO. OF REFS
8. CONTRACT OR GRANT NO.		
9. PROJECT NO. N/A		
10. DISTRIBUTION STATEMENT		
11. SUPPLEMENTARY NOTES N/A	12. SPONSORING MILITARY ACTIVITY OACSFOR, DA, Washington, D.C. 20310	
13. ABSTRACT		

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DD Form 1473

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